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Dated: December 21, 2007 Signature: *[Signature]*
(Peter C. Lauro)

Docket No.: 61925(51588)
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
David T. Scadden, *et al.*

Application No.: 10/521,971

Confirmation No.: 1957

Filed: September 26, 2005

Art Unit: 1644

For: *PARATHYROID HORMONE RECEPTOR
ACTIVATION AND HEMATOPOIETIC
PROGENITOR CELL EXPANSION*

Examiner: M. A. Belyavskyi

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (SIDS)

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. §§1.56, 1.97 and 1.98, Applicants invite the attention of the Patent and Trademark Office to the references listed on the attached PTO/SB/08. Applicants respectfully request that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

In accordance with 37 C.F.R. §1.98(a)(2)(ii), Applicants have not submitted copies of U.S. patents and published U.S. patent applications. Applicant submits herewith copies of foreign patents and non-patent literature in accordance with 37 C.F.R. §1.98(a)(2).

In accordance with 37 C.F.R. §1.97(g), the filing of this Supplemental Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 C.F.R. §1.56(a) exists. In accordance with 37 C.F.R. §1.97(h), the filing of this Supplemental Information Disclosure Statement shall not be construed to be an admission that any patent,

publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

Applicants submit that the Supplemental Information Disclosure Statement is in compliance with 37 C.F.R. §1.98 and respectfully request the Examiner to consider the listed references.

Applicants filed this Supplemental Information Disclosure Statement after the mailing date of a first Office Action on the merits but before the issuance of a final action, a notice of allowance or an action that otherwise closes prosecution in the application (37 C.F.R. §1.97(c)). Accordingly, Applicants authorize the Director to charge the fee required by 37 C.F.R. §1.97(c)(2) and set forth in 37 C.F.R. §1.17(p), as well as any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 04-1105, under Order No. 61925(51588).

Dated: December 21, 2007

Respectfully submitted,

By 

Peter C. Lauro, Esq.

Registration No.: 32,360

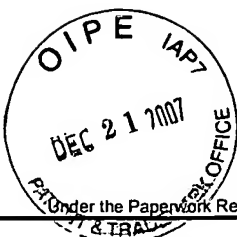
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Attorneys/Agents For Applicants



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
		Application Number	10/521,971-Conf. #1957
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 26, 2005
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	David T. Scadden
		Examiner Name	M. A. Belyavskyi
180.00		Art Unit	1644
		Attorney Docket No.	61925(51588)

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
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<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1105
Deposit Account Name: Edwards Angell Palmer & Dodge	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- =		x	=		Fee (\$) Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50 =	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement						180.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	32,360
Name (Print/Type)	Peter C. Lauro	Telephone	(617) 517-5509
		Date	December 21, 2007

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Dated: December 21, 2007	Signature: (Peter C. Lauro)



PTO/SB/92 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 10/521,971

Attorney Docket No.: 61925(51588)

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on December 21, 2007
Date

Signature

Peter c. Lauro, Esq.

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 517-5592

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Information Disclosure Statement (2 pages)
IDS (Citation) by Applicant (26 References) (2 pages)
Copies of 25 References
Fee Transmittal (1 page)
Charge \$180.00 to Deposit Account No. 04-1105
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